



## **AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a position with the Higher Education Coordinating Board, I am required to furnish information for use in determining my qualifications. In this connection, I hereby authorize the Higher Education Coordinating Board to make inquiries regarding my education, work experience and references, unless otherwise stated below. I hereby release all parties and persons associated with any such inquiries from liability in connection with information they give.

A photocopy of this release form will be valid as an original thereof, even though the said photograph does not contain an original writing of my signature.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Affirmative Action Data Sheet

Please complete and return this form with your employment application package.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Check the item that best describes how you heard about this position.

<input type="checkbox"/> Friend or neighbor	<input type="checkbox"/> HECB Job line/ Web site	<input type="checkbox"/> Newspaper or other publication*
<input type="checkbox"/> Department of Personnel		
<input type="checkbox"/> Other State Agency*	<input type="checkbox"/> Other	<input type="checkbox"/> An organization electronic notice*

\*Please specify web site, organization, newspaper, publication or "other" source here:

The Higher Education Coordinating Board is an equal opportunity employer. The Board's state-approved Affirmative Action Program seeks to ensure that employment opportunity information reaches all qualified potential candidates, including African Americans, American Indians/Alaskan Natives, Asians/Pacific Islanders, Caucasians, Hispanics, women, men, persons age 40 and over, persons with disabilities, disabled veterans, and Vietnam era veterans. To implement this program more successfully, the Board requests that you provide the following information. Submission of this statistical information is voluntary; failure to complete this portion of the form will not adversely affect your candidacy for employment.

*This information will be separated from your application and handled confidentially*

Please check any/all of the following that apply:

<input type="checkbox"/> Male	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Asian/Pacific Islander	(served 180 days or more between 2/28/61
<input type="checkbox"/> Age 40 or older	<input type="checkbox"/> Caucasian/White	and 5/7/75 and does not have a
<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Hispanic/Latino	dishonorable discharge)
	<input type="checkbox"/> Native	<input type="checkbox"/> Special Disabled Veteran
	American/American	(30% or more disability)
	Indian/Alaska Native	